DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: DIRECTIONAL COOLING SYSTEM FOR VACUUM HEAT TREATING FURNACE, for which a patent is sought;

the specification of which [check one(s) app		VVVVVVIIC	A1;a;	. NT-			
was filed as and was amended by Amendment filed	s REXXXXXXXX	AARRAA/U.S.	Applicatio		pplicable); [or];		
\overline{X} is attached to this Declaration, Power of	Attorney and Power	to Inspect;		(11 4)	pricable), [or],		
that I have reviewed and a by any amendment referred to above; and	understand the conten	ts of the above-io	dentified sp	ecification, in	ncluding the claims, a	s amended	
that I acknowledge my duwith Rule 56(a) [37CFR§1.56(a)].	ty to disclose informat	tion which is mat	erial to the	examination o	of this application in a	ccordance	
CLAIM UNDER 35 USC §120: I hereby	claim the benefit und	er 35 USC §120	of the prior	United State	es application(s) liste	d below:	
Prior U.S. Application(s)	Filing I				<u>Status</u>		
10/154,457	<u>Day/Mo.</u> 23 May				<u>'ending-Patented-Al</u> 'ending	<u>oandoned</u>	
Insofar as the subject matter of each of the oprovided by the first paragraph of 35 USC §1 \$1.56(a)] which occurred between the filing application.	l 12, I acknowledge th	e duty to disclose	e material ii	nformation as	defined in Rule 56(a) [37 CFR	
POWER OF ATTORNEY: As inventor, agents with full power of substitution to prose therewith: Vincent T. Pace, Reg. No. 31,0	ecute this application a	and to transact al	l business ir	h Customer i the Patent a	No. 000110 as my at nd Trademark Office	torneys or connected	
POWER TO INSPECT: I hereby give D accredited representatives power to inspect						or its duly	
SEND CORRESPONDENCE TO: CUST	OMER NUMBER	000110					
DIRECT INQUIRIES TO: Vincent T. Pa	ice	Telephone: 215	-563-4100/	Facsimile: 2	15-563-4044	ā	
I hereby declare that all statements made her believed to be true; and further that these sta punishable by fine or imprisonment, or both, may jeopardize the validity of the application	itements were made w under Section 1001 of	rith the knowled f Title 18 of the U	ge that will	ful false state	ments and the like so	made are	
SOLE OR FIRST JOINT INVE	ENTOR	SEC	OND JOH	NT INVENT	OR (if any)		
Full Name CRAIG A. MO	OLLER	Full Name					
	ast		irst	Middle	Last		
Signature Cray a. mal	ly	Signature					
Date JULY 8, 2003		Date				·	
Residence Roscoe Illinoi		Residence					
City State or (Citizenship UNITED STATES OF AM	· .	Citizenship	City		State or Country		
Post Office Address: 6194 Silver Hawk Ct.		Post Office Add	ress:				
Roscoe Illinois	61073						
City State or Country	Zin Code	City	State	Country	7in Code		